

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2004 - JUNE 30, 2005**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: San Diego County Case Management

Division/Unit:

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. <u>8</u>	Hours <u>2820</u>	x	\$17.55	=	\$49,491.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Case Management Internship from SDSU

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. _____	Hours _____	x	\$ 17.55	=	\$ _____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____	x	_____	=	\$ _____

No. Vol _____	Total Hours _____	Total Value	\$ _____
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a: _____	_____	\$	
2b: _____	_____	\$	
2c: _____	_____	\$	

TOTALS: _____ \$

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 250 x Rate \$33 = \$ 8250.00

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 10 x Rate \$33 = \$ 330.00

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost

TOTAL OF OTHER PROGRAM COSTS

=

\$

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$8580.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 49,491.00

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$

ADD a + b \$

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$8580.00
_____)

TOTAL PROGRAM BENEFIT

\$ \$40,911.00

6. **RECRUITING:**

Please describe your recruiting programs:

Liason with SDSU Graduate School of Social Work

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Inservice training program developed by volunteer students and presented in two sessions to Case Management staff ("Beyond the Coke and Smoke Syndrome")

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continuing graduate student internships and recruitment of volunteers for Case Mgmt Family Advisory Council, to serve as mentors, assist with transportation and other services with and for mentally ill clients.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Robert Daren.LCSW

Phone Number: 619-692-8707 Mail Stop P547 E-Mail Robert.Daren@sdcounty.ca.gov

Volunteer Coordinator: same

Phone Number: _____ Mail Stop _____ E-Mail _____

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

6-29-05
DATE